

M12000001748

Florida Department of State
Division of Corporations
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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED
15 DEC -2 PM 12:06
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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC -3 2015

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC

Enter new principal office address, if applicable: _____

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: _____

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M12000001748

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 3/28/2012

SECTION II (S-9 complete only the applicable changes)

5. New name of the limited liability company: STYLES PROPERTY MANAGEMENT, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE COUNTY FLORIDA


7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Gregg M. Casalino

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC", CHANGING ITS NAME FROM "SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC" TO "STYLES PROPERTY MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2015, AT 10:57 O'CLOCK A.M.

2015 DEC -2 AM 11:32
FILED
SECRETARY OF STATE
HALLMARKSSE.FLORNO



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20151102925

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State of Delaware
Secretary of State
Division of Corporations
Delivered 10:57 AM 11/30/2015
FILED 10:57 AM 11/30/2015
SR 20151102915 - File Number 5043963

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is STYLES PROPERTY MANAGEMENT, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 30th day of November, A.D. 2015.

By [Signature]
Authorized Person(s)

Name: Gregg M. Casalino
Print or Type

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DEPARTMENT OF STATE
HALLWAY SECF. FLORIDA